

Instructions for Completion of 2009 Grant Application

Return Completed Application To:

Michigan Department of Labor & Economic Growth
Bureau of Construction Codes
Office of Land Survey & Remonumentation
6546 Mercantile Way, P.O. Box 30704
Lansing, Michigan 48909

Page 1 of Grant Application:

Item A

Enter the name, address, telephone and FAX numbers, and e-mail address of the County Grant Administrator appointed by the Board of County Commissioners to administer the grant. **NOTE:** Attach proof of appointment of the County Grant Administrator to your application if there has been a recent appointment.

Item B

Enter the name, address, telephone and FAX numbers, and e-mail address of the County Surveyor or the Licensed Land Surveyor appointed by the Board of County Commissioners as the County Representative. **NOTE:** Attach proof of appointment of the County Representative to your application if there has been a recent appointment.

Item C

Enter the address where 2009 grant payment(s) will be mailed.

Item D

THIS BOX MUST BE CHECKED indicating the county's capability to perform the work program.

Item E

Enter the state grant amount requested. The state grant amount may include an increase based upon a county contribution and Category III of the state grant formula. Counties may not receive both an increased grant amount and repayment of expedited county funds for the same county expenditure.

Enter the Cash Contribution, if any, the Expedited Amount, if any, and the Reimbursement for Past Eligible Expedited Expenditures, if any, for the 2009 grant year. The Reimbursement amount for past eligible expedited expenditures may not exceed 50 percent of the state grant amount.

The State Grant Amount plus the Total County Cash Contribution (if any), plus the Expedited Amount (if any), minus the Reimbursement for Expedited Expenditures equals the Total annual Project Budget. **Enter** this in the box for the TOTAL ANNUAL PROJECT BUDGET.

NOTE: The Total County Cash Contribution, Expedited Amount if any, Reimbursement Amount, if any, and the Total Annual Project Budget amount **must be the same** on Page 1 and the bottom of Page 3.

Item F

The Board-appointed County Grant Administrator **and** the elected or Board-appointed County Representative must sign and date the year 2009 grant application. **Original ink signatures are required.**

Page 2 of Grant Application:

Items G and H

When completing Items G and H for public land survey (PLS) corners, please use the letter-number system used for a "Land Corner Recordation Certificate" (e.g., C-02, rather than "the east one-quarter corner of Item 6"). Include the Town and Range for work in a specific survey township. **NOTE:** Provide a list of specific corners and survey townships and the total number of corners to be completed, attaching additional pages if necessary. Unspecified corners up to 15% of the work program may be included.

NOTE: The dollar amount for Items G and H on Page 2 must be the same as the dollar amount for Items G and H on Page 3.

Items I and J

When completing Items I and J you **must** identify the specific points to have coordinates established and the specific existing control stations to be recovered and provide a total number for each where indicated. Attach additional pages, if necessary.

NOTE: The dollar amount for Items I and J on Page 2 **must** be the same as the dollar amount for Items I and J on Page 3.

Page 3 of Grant Application:

Provide a breakdown of anticipated expenditures, by line item and work program category and the source(s) of revenue (county cash source, if any). The total dollar amounts shown for Items G, H, I and J on Page 3 **must** be the same as the total dollar amounts shown for Items G, H, I and J on Page 2.

Page 4 of Grant Application:

Provide a detailed, itemized listing of the specific items and expenditures for "Supplies & Materials," "Equipment," and "Administration" on Page 4 - BUDGET ADDENDUM.

The total dollar amounts shown for Supplies & Materials, Equipment, and Administration on Page 4 must be the same as the total dollar amounts shown for these same items on Page 3.

The completed grant application for grant year 2009 must be received in our office by NO LATER THAN December 31, 2008, in order to be eligible for a grant in the year 2009. The last day of business in 2008 for the State of Michigan is December 30, 2008.

!!!!IMPORTANT!!!!

Mail sent to the post office box takes extra time to reach our office; there is no U.S. postal service to the street address. For timeliness, you may wish to use FedEx or UPS addressed to the street address listed.

Return the application to the following address:

Michigan Department of Labor and Economic Growth
Bureau of Construction Codes
Office of Land Survey and Remonumentation
6546 Mercantile Way, P.O. Box 30704
Lansing, Michigan 48909

If you are concerned with getting your application into our office by the December 31, 2008, deadline, FAX a copy of your application to:

Office of Land Survey & Remonumentation
FAX: (517) 241-6301

If your application is faxed, you **must** follow-up with the original grant application by mail. Applications will not be reviewed until the **original grant application** with an **original signature** has been received.

Please direct any questions to the Office of Land Survey and Remonumentation at (517) 241-6325 or e-mail johnstonn@michigan.gov or lambertk@michigan.gov.

2009 Grant Application Michigan Department of Labor & Economic Growth Bureau of Construction Codes Office of Land Survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, MI 48909 Telephone: 517-241-6321 Facsimile: 517-241-6301 Authority: 1990 PA 345 Must be Received by the Office of Land Survey and Remonumentation no later than 12-31-08		APPLICANT (County): Federal I.D. Number: Grant #BCC-09- _____ MAIN Mail Code: _____ Application Received: _____ Reviewed by Analyst: _____			
A.	County Grant Administrator: Name: Address: City, State, Zip: Telephone: Fax: E-mail:	Reviewed by Director of Office of Land Survey and Remonumentation _____ Approved by Director of Office of Land Survey and Remonumentation: _____			
B.	County Representative/Surveyor: Name: Address: City, State, Zip: Telephone: Fax: E-mail:	C.	Grantee Address for Payments: 		
D.	Capability TO Perform The Work Program Specified (Must Check This Box): <input type="checkbox"/> We have the capability to perform the work program specified through a licensed professional surveyor on staff and/or through a contract with a licensed professional surveyor to perform the remonumentation survey.				
E.	Financial Summary NOTE: If an Expedited Amount is included, County must have an approved Expedited County Plan.				
	1	2	3	4	5
	2009 State Grant	County Cash Contribution	Expedited Amount	Reimbursement For Expedited Expenditures	2009 Total Annual Project Budget (1 + 2 + 3 - 4 = 5)
	\$	\$	\$	\$	\$
F.	We certify the information in this grant application is correct to the best of our knowledge. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ Original Ink Signature of County Grant Administrator _____ Date </div> <div style="width: 45%;"> _____ Original Ink Signature of County Representative _____ Date </div> </div>				

**Application for a Survey and Remonumentation Grant
(Grant Year 2009)**

Department of Labor & Economic Growth Bureau of Construction Codes Office of Land Survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, MI 48909 Telephone: 517-241-6321 Facsimile: 517-241-6301		County: _____ Grant #BCC-09- _____ MAIN Mail Code: _____	
SUMMARY OF WORK PROGRAM FOR GRANT YEAR 2009 (Specify the individual corner codes proposed for the 2009 work program by Survey Township)			
Item G Corners to Be Researched	SPECIFY THE INDIVIDUAL CORNER CODE(S) BY SURVEY TOWNSHIP(S): (Attach additional pages to the application if necessary)		
	DOLLAR AMOUNT MUST BE THE SAME AS THE TOTAL FOR ITEM G ON PAGE 3 \$ _____	% of Total annual Project Budget Proposed for RESEARCH: _____ %	Total Number of Corners to Be RESEARCHED: _____
Item H Corners to Be Monumented	SPECIFY THE INDIVIDUAL CORNER CODE(S) BY SURVEY TOWNSHIP(S): (Attach additional pages to the application if necessary)		
	DOLLAR AMOUNT MUST BE THE SAME AS THE TOTAL FOR ITEM H ON PAGE 3 \$ _____	% of Total Annual Project Budget Proposed for MONUMENTATION: _____ %	Total Number of Corners to be MONUMENTED: _____
SUBTOTAL ITEMS G & H (also enter at the bottom of this page) \$ _____		Percentage of the total Annual Project Budget (Item G + Item H) _____ %	THE TOTAL PERCENTAGE OF ITEM G + ITEM H MUST BE <u>AT LEAST</u> 70% OF THE TOTAL ANNUAL PROJECT BUDGET
ITEM I Points To Have Coordinates Set (x, y, z)	SPECIFY THE INDIVIDUAL POINT(S) BY SURVEY TOWNSHIP(S): (Attach additional pages to the application if necessary)		
	DOLLAR AMOUNT MUST BE THE SAME AS THE TOTAL FOR ITEM I ON PAGE 3 \$ _____	Total Number of Points to have COORDINATES SET: _____	
ITEM J Existing Horizontal And Vertical Control Stations To Be Recovered	SPECIFY THE INDIVIDUAL CONTROL STATION(S) BY SURVEY TOWNSHIP(S): (Attach additional pages to the application if necessary)		
	DOLLAR AMOUNT MUST BE THE SAME AS THE TOTAL FOR ITEM J ON PAGE 3 \$ _____	Total Number of EXISTING CONTROL STATIONS TO BE RECOVERED: _____	
Total Annual Project Budget (add G + H + I + J)	Subtotal G & H \$ _____	Subtotal I & J \$ _____	Total Annual Project Budget \$ _____
	PLUS		EQUALS

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Department of Labor & Economic Growth Bureau of Construction Codes Office of Land survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, MI 48909 Telephone: 517-241-6321 Facsimile: 517-241-6301					County: _____ Grant #BCC-09- _____ MAIN Mail Code: _____	
2009 DETAIL BUDGET						
Show expenditures by work program category and line item. The total for Item G, H, I and J at the bottom of this page must be the same as the total for Item G, H, I and J on Page 2 of this application.						
Line Item Expenditures	WORK PROGRAM CATEGORIES					TOTAL (add line items across)
	Item G	Item H	Item I	Item J		
	Research of Corners	Monumentation of Corners	Setting of Coordinates	Recovery of Existing Control Stations		
Peer Group (PG)						
Contractual Survey Services (CSS)						
Supplies and Materials* (S/M)						
Equipment* (E)						
Administration* (A)						
Total (Adding Down) For Item G, H, I & J on Page 3 Must Be The Same As Total for Item G., H, I & J on Page 2	Item G (Add down)	Item H (Add Down)	Item I (Add Down)	Item J (Add Down)	Total Annual Project Budget	
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
* PROVIDE A DETAILED ITEMIZED LISTING OF THE SPECIFIC ITEMS OF EXPENDITURE AND THE SPECIFIC DOLLAR AMOUNTS FOR EACH ITEM FOR <u>SUPPLIES & MATERIAL</u> , <u>EQUIPMENT</u> AND <u>ADMINISTRATION</u> ON PAGE 4 OF THIS GRANT APPLICATION - "BUDGET ADDENDUM."						
AMOUNT and SOURCE(S) OF REVENUE (identify the County Cash source): Source(s) of Revenue: _____ _____ _____					STATE GRANT: \$ Amount of County Cash: _____ \$ _____ \$ _____	
Total County Cash Contribution:					\$ _____	
Expedited Amount:					\$ _____	
Less Reimbursement For Past Expedited Expenditures 2009 Total Annual Project Budget					\$ _____	
(State Grant plus County Cash Contribution, if any, plus Expedited Amount, if any, minus Reimbursement for Expedited Expenditures, if any)					\$ _____	

**Application for a Survey and Remonumentation Grant
(Grant Year 2009)**

Department of Labor & Economic Growth Bureau of Construction Codes Office of Land survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, MI 48909 Telephone: 517-241-6321 Facsimile: 517-241-6301		County: _____ Grant #BCC-09-_____ MAIN Mail Code: _____
BUDGET ADDENDUM FOR ITEMIZING SUPPLIES AND MATERIALS, EQUIPMENT AND ADMINISTRATION (Attach additional pages to the application if necessary)		
TOTAL DOLLAR AMOUNTS ON THIS PAGE MUST BE THE SAME AS THE LINE ITEM TOTAL ON PAGE 3		
Supplies and Materials: <div style="text-align: center;"><u>Item</u></div> _____ _____ _____ _____ _____	<div style="text-align: center;"><u>Dollar Amount</u></div> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	THIS LINE ITEM TOTAL MUST BE THE SAME AS THE LINE ITEM TOTAL AMOUNT ON PAGE 3 Total Supplies & Materials: \$ _____
Equipment: <div style="text-align: center;"><u>Item</u></div> _____ _____ _____ _____ _____	<div style="text-align: center;"><u>Dollar Amount</u></div> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	THIS LINE ITEM TOTAL MUST BE THE SAME AS THE LINE ITEM TOTAL AMOUNT ON PAGE 3 Total Equipment: \$ _____
Administration: <div style="text-align: center;"><u>Item</u></div> _____ _____ _____ _____ _____	<div style="text-align: center;"><u>Dollar Amount</u></div> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	THIS LINE ITEM TOTAL MUST BE THE SAME AS THE LINE ITEM TOTAL AMOUNT ON PAGE 3 Total Administration: \$ _____

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